

MEDICAL BROADCASTING COMPANY

UR REF. NO.

YOUR INVOICE NO.

INVOICE DATE

INVOICE AMOUNT

AMOUNT PAID

DISCOUNT TAKEN

NET CHECK AMOUNT

59667

| | | | | | | |
|--------|--------|------------|----------|----------|--------|----------|
| 14104 | 121099 | 12/10/1999 | \$900.00 | \$900.00 | \$0.00 | \$900.00 |
| TOTALS | | | \$900.00 | \$900.00 | \$0.00 | \$900.00 |